



JNAWAY / MISSING PERSONS

05/17/2000

Initial / Modity

Incident #		Reporting Officer		Officer Code #		Entered:	
200610240029		MARK K. SEGAL		1576		Runaway (201) Missing Person (202)	
Report Date	Report Time	Investigating Agency & Telephone Number (24 Hour Number)				ORI	Page #
10/24/06	0010	RPD/Youth & Family Crimes Unit (804) - 646 - 6716				VA1	1
VIC. Ser#	Last Name	First Name		Middle Name			
	SERENE	DOMINIK		ELIEZER		Suffix	
*Race W/B/H/A/I/U	Ethnic H/N	*Sex M/F	SSN	DLN	CL. State	Exploration Date	
W	N	M	698-01-4057				
*DOB	Emancipation Date		Country of Birth	State of Birth	*City/County of Birth	Mother's Maiden Name (If blank state is VA)	
11-1-2000			US	PA	SAYRE		
*Height (low range)	Height (high range)	Color of Eyes		Color of Hair		Body Type	
3'6"	3'6"	BLU		BLK		Athletic	
*Weight (low range)	Weight (high range)	Weight (low range)		Weight (high range)		Build	
40	40	40		40		Athletic	
Hair Color	Eye Color		Skin Tone		Body Type		
B,L,N	B,L,V		LGT		Athletic		
Name of School If Juvenile		Scars Marks/Tattoos					
MARY MUNFORD ELEMENTARY SCHOOL		Type	Location	Body Part	Description		
		E,A,R	I,I,I	E,A,R	LEFT EAR PIERCED		
School Location (City, State)							
211 WESTMORELAND ST.							
Home Street #	Home Street Name	Age#	City, State, Zip		Home Phone		
5705	PARK AVENUE		RICHMOND, VA 23226		301-915-5287		
Date of Last Contact	Missing / Runaway Before Y/N	Number Times Missing / Runaway	Is Suffered Alcohol and/or Drug Use Y/N		Missing From		
10/13/06					211 WESTMORELAND ST.		
Last Seen in the Company of (Names and Addresses)							
DAVID BUSH AGE 40 DUB 8/13/66							
Miscellaneous Information (Check All That Apply)		<input type="checkbox"/> Body X-Rays Available <input checked="" type="checkbox"/> Circumcised <input type="checkbox"/> Dental X-Rays Available <input type="checkbox"/> Dental Models/Photos Available		<input checked="" type="checkbox"/> Fingerprints Available <input checked="" type="checkbox"/> Footprints Available <input type="checkbox"/> Medication Available <input checked="" type="checkbox"/> Current Photo Available		Blood Type: (1) O Pos (4) A Neg. (7) AB Pos (2) O Neg (5) B Pos (8) AB Neg (3) A Pos (6) B Neg (9) Unknown	
Vision Prescription		<input type="checkbox"/> Contacts	Jewelry Type	Jewelry Description			
		<input type="checkbox"/> Glasses		LEFT EAR PIERCED			
MISCELLANEOUS DATA (Information which may assist in identification: nickname, associates, direction of travel, hairstyle, clothing, name of medication(s). Continue in Narrative on next page)							
NICKNAME: ELY							
BIRTH NAME: SKYLER RAINÉ BUSH							
FIRST M.I. LAST							
The following section MUST be completed and signed according to Virginia State Law (Runaways).				*Affidavit for Missing Person Age 18 or Over			
I certify the person described in this report is missing and under 18 years of age and that the information I have furnished is true and correct to the best of my knowledge and belief.				I certify the person described in this report is missing.			
				Check Applicable Condition:			
				Disability: Person Missing is under proven physical/mental disability or is unable thereby subjecting herself/himself or others to personal or immediate danger. Endangered: Person missing under circumstances indicating his/her physical safety is in danger. Involuntary: Person missing under circumstances indicating the disappearance was not voluntary.			
I authorize any law enforcement official to use photographs and/or any other identifying information I have provided in any manner they deem necessary in attempting to locate the person I am reporting missing.							
I represent that I am the natural parent and/or legal guardian of the person named in this report, and have the legal right to sign this authorization and consent.							
Signature: J. Isabella Serene Date: 10/24/06 Relationship: mother				Signature: _____ Date: _____ Relationship: _____			



JNAWAY / MISSING PERSONS

7/2000

Initial / Modify

*Incident #		Reporting Officer		Entered:	
200610240029		MARK K. SEGAL		Runaway (901)	
Report Date	Report Time	Investigating Agency & Telephone Number (24 Hour Number)		Missing Person (BUB)	
10/24/06	0010	RPD/Youth & Family Crimes Unit (804) - 646 - 6716		Page # 1	
Vic. Seq #	Last Name	*First Name	Middle Name		
	SERENE	TULLIA	AMELIE		
Sex: W/B/M/H/A/I	Gender: N	SSN: 698-01-4199	QLN:	QL State:	Expiration Date
DOR: 6-17-2002	*Emancipation Date		*City/County of Birth: SAYRE		*Mother's Maiden Name (If birth state is VA)
*Height (low range): 3' 4"	Height (high range): 3' 4"				
*Weight (low range): 42	Weight (high range): 42				
*Hair Color: BROWN					
*Eye Color: BLUE					
Skin Tone: LIGHT					
Name of School if Juvenile MARY MUNFORD ELEMENTARY SCHOOL		Body Marks, Tattoos			
		Type	Location	Body Part	Description
		E, A, R		EAR	BOTH EARS
					PIERCED
School Location (City, State): 211 WESTMOOR PLAINS ST					
Home Street #: 5705	Home Street Name: PARK AVENUE	Apt #:	City, State, Zip: RICHMOND, VA 23226	Home Phone: 301-915-5287	
Date of Last Contact:	Missing / Runaway Before: Y/N	Number Times Missing / Runaway:	Subject Alcohol Intoxication Y/N	Missing From:	
Last Seen in the Company of: (Names and Addresses) DAVID BUSH AGE 40 DOB 8/13/66					
Miscellaneous Information (Check All That Apply):					
<input type="checkbox"/> Body X-Ray Available <input type="checkbox"/> Circumferential <input checked="" type="checkbox"/> Dental X-Ray Available <input type="checkbox"/> Dental Model/Prints Available		<input type="checkbox"/> Fingerprints Available <input type="checkbox"/> Handwriting Available <input type="checkbox"/> Medication Available <input type="checkbox"/> Current Photo Available		Body Type: (1) O Pos. (4) A Neg. (5) AB Pos. (2) O Neg. (3) B Pos. (6) AB Neg. (3) A Pos. (7) B Neg. (8) O Neg.	
Vision Prescription:		Contact: <input type="checkbox"/> Glasses: <input type="checkbox"/>	Jewelry Type: BLUE EARRINGS	Jewelry Description: BLUE STUD EARRINGS	
MISCELLANEOUS DATA (Information which may assist in identification: nickname, associates, direction of travel, hairstyle, clothing, name of medication(s). Continue in Next page)					
BIRTH NAME: SHILOH DESIREE BUSH FIRST MID LAST					
The following section MUST be completed and signed according to Virginia State Law (Runaways).					
I certify the person described in this report is missing and under 18 years of age and that the information I have furnished is true and correct to the best of my knowledge and belief.					
Affidavit for Missing Person I certify the person described in this report is missing. Check Applicable Condition: <ul style="list-style-type: none"> <input type="checkbox"/> Disappearances: Person Missing is under proven physical or mental disability or is senile thereby subjecting herself/himself or others to personal or immediate danger. <input type="checkbox"/> Endangered: Person missing under circumstances indicating his/her physical safety is in danger. <input type="checkbox"/> Involuntary: Person missing under circumstances indicating the disappearance was not voluntary. 					
Age 18 or Over					
I authorize any law enforcement official to use photographs and/or any other identifying information I have provided in any manner they deem necessary in attempting to locate the person I am reporting as missing.					
I represent that I am the natural parent and/or legal guardian of the person named in this report, and have the legal right to sign this authorization and consent.					
Signature: Isabella Serene 10/24/06 Relationship: mother Date: Relationship:					
Signature: Isabella Serene 10/24/06 Relationship: mother Date: Relationship:					



01/01/2000 01:45 884/886859

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JNAWAY / MISSING PERSONS

7/2000

Initial / Modify

*Incident # 200610240027		Reporting Officer MARK K. SEGAL	*Officer Code # 1576	Entered: Runaway (901) Missing Person (908)
Report Date 10/24/06	Report Time 0010	Investigating Agency & Telephone Number (24 Hour Number) RPD/Youth & Family Crimes Unit (804) - 646 - 6716		Page # 1
VIS Ser#	Last Name SERENE	*First Name STEFANO	Middle Name RICOCHET	Agent ORI VA1220010
Race W/B/JA/AR W	Ethnic H/N M	SSN 698-01-3835	OLN	Suffix
*DOB 8/27/93	*Emancipation Date	Country of Birth U.S.	*City/County of Birth PA WELLSBORO	*Mother's Maiden Name (If different than state is VA)
*Height (low range) 5'0"	Height (high range) 5'0"	State of Birth VA		
*Weight (low range) 96	Weight (high range) 96			
Hair Color B.R.O	Eye Color OTH			
Shirt Size L.G.T				
Name of School if Juvenile ALBERT HILL MIDDLE SCHOOL	Scars Marks Tattoos Type	Location	Body Part	Description
School Location (City, State) 3400 PATTERSON AVE.			FACE	LEFT DROOPY EYE
			TETH	BRACES ON TEETH
Home Street # 5705	Home Street Name PARK AVENUE	APT#	City, State, Zip RICHMOND, VA 23226	Home Phone 301-915-5287
Date of Last Contact 10/13/06	Missing/Runaway Before Y/N	Number Times Missing/Runaway N	Is Subject Alcohol Abuser Drugs User Y/N N	Missing From 3400 PATTERSON AVENUE
Last Seen in the Company of: (Names and Addresses)	DAVID BUSH AGE 40 DOB 8/13/66			
Miscellaneous Information (Check All That Apply)				
<input type="checkbox"/> Body X-Rays Available <input checked="" type="checkbox"/> Circumcised <input checked="" type="checkbox"/> Dental X-Rays Available <input checked="" type="checkbox"/> Dental Models/Photos Available <input type="checkbox"/> Contact <input type="checkbox"/> Glasses				
<input type="checkbox"/> Fingerprints Available <input checked="" type="checkbox"/> Footprints Available <input type="checkbox"/> Medication Available <input checked="" type="checkbox"/> Current Photo Available Jewelry Type Jewelry Description LEFT EAR PIERCED				
Blood Type: (1) O Pos. (4) A Neg. (7) AB Pos. (2) O Neg. (5) B Pos. (8) AB Neg. (3) A Pos. (6) B Neg. (9) Unk.				
Vision Prescription				
MISCELLANEOUS DATA (Information which may assist in identification: nickname, associates, direction of travel, hairstyle, clothing, name of medication(s). Continue on next page)				
NICKNAME: "RICO"				
BIRTH NAME: STEPH CADENCE BUSH FIRST MIDDLE LAST				
*The following section MUST be completed and signed according to Virginia State Law (Runaways).				
I certify the person described in this report is missing and under 18 years of age and that the information I have furnished is true and correct to the best of my knowledge and belief.				
I authorize any law enforcement official to use photographs and/or any other identifying information I have provided in any manner they deem necessary in attempting to locate the person I am reporting.				
I represent that I am the natural parent and/or legal guardian of the person named in this report, and have the legal right to sign this authorization and consent.				
Signature Date Relationship				
*Affidavit for Missing Person I certify the person described in this report is missing. Check Applicable Condition: Disability: Person Missing is under proven physical/mental disability or is senile thereby subjecting herself/himself or others to personal or immediate danger. Endangered: Person missing under circumstances indicating his/her physical safety is in danger. Involuntary: Person missing under circumstances indicating the disappearance was not voluntary.				
Age 18 or Over Signature Date Relationship				

Possible Locations

SISTER

1) JACKLYN PELL
6431 CRESANT AVE
BENSALEM PA 19020
P# UNKNOWN

LAST Known ADDRESS

PARENTS

2) LYLE + HELGA Bush
~~RT 6~~ 2565 RT 6600
WELLSBORO PA 16901
P# UNKNOWN
WORK - PINE CREEK POTTERY

FRIEND

3) LORELEI BEHRMANN, TRUJILLO
777 STONY FORD RD. WELLSBORO PA 16901
P# UNKNOWN

FRIEND

4) LORI KLEIN
24 MEADE ST. WELLSBORO PA 16901

BROTHER

5) ~~DETECTIVE~~ CHRISTOPHER
~~DETECTIVE~~ Bush
~~STATION~~ 3645 SMITH RD.
FURLONG PA 18925

ATTORNEY

6) STEPHEN BANK
743 STEAM MILL RD. WELLSBORO PA 16901

ISARA ISABELLA SERENE

DOB 6/21/75

5705 PARK AVE

Richmond VA 23226

SSN# 698 013611

C# P# 301 915 5287,

(804) 647-8198

CHILD 1) STEFANO Ricochet SERENE - NEW NAME

STEPH CADENCE Bush - OLD NAME

DOB 8/27/93 - 13 yrs old

SSN# 698 013835

5705 PARK AVE Richmond VA 23226

5 foot 96LBS W/M Brown Hair, Hazel Eyes

LEFT DRUG EYE

BRACES

LEFT EAR PIERCED

LAST SEEN OCT 13, 2006

DECEIVE JOEL LAWSON, MRS. EDMONDS TOOK ALL THREE CHILDREN + RELEASED TO DAVID BUSH

CHILD 2) DOMINIK ELIEZER SERENE - NEW NAME

SKYLER RAYNE Bush - OLD NAME

DOB 11/01/00 - 5 yrs old.

SSN# 698 014057

3ft 6in. 40LBS

BLU EYES, BLONDE HAIR

CURLY BLONDE HAIR

LEFT EAR PIERCED

child 3) TULLIA AMELIE SERENE - New Name
Shiloh DESIREE Bush - old name
DOB 6/17/02 - 4 yrs old
SSN# 698014199

3ft 4in tall 42 LBS

Blue Eyes Light Brown Hair, shoulder length
Both ears pierced, blue studs in.

Actor: Ex-Husband

DAVID (new) Bush

DOB 8/13/66

193 WHITNEYVILLE RD. WELLSBORO PA 16901
PT# 570 ~~724~~ 724 2391

SSN# 160 54 7108

6ft 1in w/m 160 LBS

CLEAN SHAVING

CONTACTS

CREW CUT

TATTOO RIGHT FOREARM - MURKAN

SHIP ON OUTSIDE OF ARM

THREE PIERCING ~~RIGHT~~ LEFT EAR

LAST ARREST SEP 2, 04

By Wellsboro Police

THIS STATION IS CONDUCTING AN INVESTIGATION REQUIRING INFORMATION ON THE WHEREABOUTS AND WELFARE OF THE BELOW LISTED INDIVIDUALS:
SARAH NICOLE MONSERRATE (BUSH) - DOB 06/21/75 W/F - AND HER THREE CHILDREN STEPH CADENCE BUSH - DOB 08/27/97, SKYLER RAIN BUSH - DOB 11/01/00, AND SHILOH DESEREE BUSH - DOB 06/27/02. THE LAST KNOWN ADDRESS IS 3305 CALLE CUERVO NW APT 921, ALBUQUERQUE, NM 87114.

PLEASE CONTACT TPR WHISNER, PSP MANSFIELD, 570-662-2151 REFERENCE THIS INCIDENT # F05-0891031.

AUTH OIC SP MANSFIELD PENNA/SGT JOSEPH A TRIPP

EJW